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REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/1/02		2 Serial/Patent #: 328673	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			6 AMOUNT \$ 44
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
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<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 44
		8 TO BE REFUNDED BY:	
10 REASON:		<input type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/c #:	
<input type="checkbox"/> Duplicate Payment		03-0370	
<input type="checkbox"/> No Fee Due (Explanation):			
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TYPED/PRINTED NAME: K. K. Lashington		TITLE: Exam	
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